

Florida Tri- County Challenged Athletes Association

2025 Baseball Registration Form

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Contact person: _____ Cell Phone: _____

Contact Person Home Phone: _____ Other contact number Cell
Phone: _____

Date of Birth: _____ Male _____ Or Female _____

Email Address: _____

Player Only Shirt Size: _____ Pant Size: _____

Returning Player Team, you were on: Please Circle the team: (F.F.) Jaguars (Kiss)
Lions (G.W.) Patriots (Tesla) Buccaneers (Cruiser) Chargers (T.H.) Packers (M.C.)
Giants (Journey) Broncos

Do you need an assistant yes _____ No _____

Do you have insurance yes _____ No _____

Have had a criminal background Yes _____ or No _____ - If so see Kathy Samson

Signature of player or parent/caregiver: _____